

# Best Available Copy

## CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

### CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2						
3						
4						
5						
6	-4-					
7						
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9	/					
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50						
TOTAL IND.	4					
TOTAL DEP.	-7-	↔	↔	↔	↔	↔
TOTAL CLAIMS	1	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
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100								
TOTAL IND.								
TOTAL DEP.		↔	↔	↔	↔	↔		
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS